TABLE 1.—CONSOLIDATED	SCHEDITE OF	RENEEICIADY I	CHADGES	Continued
TABLE I.—CUNSULIDATED	SCHEDULE OF	DENEFICIARY	CHARGES-	Conuniuea

	TRICARE prime	TRICARE standard	Medicare eligible beneficiaries
Prescription drugs from civilian pharmacies.	As specified in Uniform HMO Benefit (see Table 3); for mail service pharmacy, \$4 per prescription for active duty dependents; \$8 per prescription for retirees, their dependents and survivors.	For retail pharmacy network, TRICARE Extra Cost sharing applies; for mail service pharmacy, \$4 per prescription for active duty dependents; \$8 per prescription for retirees, their dependents and survivors; for other civilian pharmacies, standard CHAMPUS cost sharing applies.	In facility closure cases: from retail pharmacy network, 20 percent cost share; from mail service pharmacy, \$8 per prescription; no deductible.
Outpatient services in military facilities.	No charge	Same as TRICARE Prime	Same as TRICARE Prime.
Inpatient services in military facilities.	Applicable daily subsistence charges.	Same as TRICARE Prime	Same as TRICARE Prime.

TABLE 2.—TRICARE TRIPLE OPTION PROGRAM

	TRICARE standard	TRICARE extra	TRICARE prime
Enrollment fee	None	None	ACT DUTY DEPS—None others—\$230; individual, \$460 family.
Outpatient deductible	\$300 Family (\$100 E4 & below) ACT DUTY DEPS—20% copay after deductible; others—25% copay after deductible. ACT DUTY DEPS—\$25 Per ad- mission or current per diem, whichever is greater; others— Lesser of applicable per diem (\$323 in FY 1995) or 25% of in-	Same as standard CHAMPUS ACT DUTY DEPS—15% copay after deductible; others—20% copay after deductible. ACT DUTY DEPS—Same as Standard CHAMPUS; others— lesser of \$250 per day or 25% of institutional billed charges, plus 20% of professional	None. See Table 3—Schedule of Uniform HMO Benefit Copayments. See Table 3—Schedule of Uniform HMO Benefit Copayments.
Ambulatory Surgery	stitutional billed charges, plus 25% of professional charges. ACT DUTY DEPS—\$25 per epi- sode; others—25% of allowable	charges. ACT DUTY DEPS—\$25 copay; others—20% copay after de-	See Table 3—Schedule of Uniform HMO Benefit Copayments.
Prescription drug benefits	charges. ACT DUTY DEPS—20% cost share after deductible others—25% cost share after deductible. For mail service pharmacy, \$4 per prescription for active duty dependents; \$8 per prescription for retirees, their de-	ductible. ACT DUTY DEPS—15% cost share; no deductible; others—20% cost share; no deductible. For mail service pharmacy, \$4 per prescription for active duty dependents; \$8 per prescription for retirees, their dependents	ACT DUTY DEPS—\$5 per pre- scription; others—\$9 per pre- scription. For mail service phar- macy, \$4 per prescription for active duty dependents; \$8 per prescription for retirees, their dependents and survivors.
Hospitalization for mental illness and substance use.	pendents and survivors. ACT DUTY DEPS—\$25 per admission or \$20 per diem whichever is greater; others—lesser of applicable per diem (\$132 in FY 1995) or 25% of institutional charges, plus 25% of professional charges.	and survivors. ACT DUTY DEPS—Same as TRICARE Standard; others— 20% of institutional and professional charges.	ACT DUTY DEPS—Same as TRICARE Standard; others— \$40 per diem.

Note: This chart is for illustrative purposes only. It does not include all details of benefits and copayments.

TABLE 3.—UNIFORM HMO BENEFIT FEE AND COPAYMENT SCHEDULE

	ADDs E4 and below	ADDs E5 and above	Retirees, deps, and survivors
Annual Enrollment Fee	\$0/\$0	\$0/\$0	\$230/\$460.
Outpatient Visits, Including Separate Radiology or Lab Services, Family Health, and Home Health Visits.	\$6	\$12	\$12.
Emergency Room Visits	\$10	\$30	\$30.
Mental Health Visits, Individual	\$10	\$20	\$25.
Mental Health Visits, Group	\$6	\$12	\$17.
Ambulatory Surgery	\$25	\$25	\$25.
Prescriptions	\$5	\$5	\$9.
Ambulance Services	\$10	\$15	\$20.
DME, Prostheses, Supplies	10 percent	15 percent	20 percent.
Inpatient Per Diem, General	\$11, minimum \$25 per ad-	\$11, minimum \$25 per ad-	\$11, minimum \$25 per ad-
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